

SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE
REQUEST/NOTIFICATION FOR COURTROOM AUDIO/VISUAL PRESENTATION EQUIPMENT

YOUR NAME:	DATE(S) EQUIPMENT REQUIRED:
CONTACT NUMBER:	START TIME:
	END TIME:
RESPONSIBLE PARTY FROM YOUR OFFICE:	CASE NUMBER:
CONTACT NUMBER:	CASE NAME:
LOCATION EQUIPMENT IS REQUIRED:	JUDICIAL OFFICER HEARING CASE:
<input type="checkbox"/> BCCH <input type="checkbox"/> CHICO	

TYPE OF EQUIPMENT TO BE USED:	
COURT/NON CT <div style="text-align: center;"><u>PROJECTION</u></div> <input type="checkbox"/> <input type="checkbox"/> Overhead Projector <input type="checkbox"/> <input type="checkbox"/> Tripod/Slide Projector Screen <div style="text-align: center;"><u>VIDEO</u></div> <input type="checkbox"/> <input type="checkbox"/> VCR/VHS <input type="checkbox"/> <input type="checkbox"/> DVD <div style="text-align: center;"><u>TELECONFERENCING</u></div> <input type="checkbox"/> <input type="checkbox"/> Teleconference TV <input type="checkbox"/> <input type="checkbox"/> Telephonic Polycorm Unit (used for conference calls, up to 5 parties) <div style="text-align: center;"><u>EASEL</u></div> <input type="checkbox"/> <input type="checkbox"/> Large Mobile Erase <input type="checkbox"/> <input type="checkbox"/> Large Mobile Reversible Erase <input type="checkbox"/> <input type="checkbox"/> Medium Mobile Erase <input type="checkbox"/> Small Tripod Erase <input type="checkbox"/> <input type="checkbox"/> Flip Chart Stand	COURT/NON CT <div style="text-align: center;"><u>OTHER</u></div> <input type="checkbox"/> <input type="checkbox"/> Standard X-Ray Viewer <input type="checkbox"/> <input type="checkbox"/> TV with Portable Stand <input type="checkbox"/> <input type="checkbox"/> Small Wooden Poster Stand <input type="checkbox"/> <input type="checkbox"/> NOMAD (multimedia unit) and Large Screen <i>**NOTE – NOMAD only to be used if multiple functions Needed**</i> Function Needed: <input type="checkbox"/> Overhead Projector <input type="checkbox"/> Annotation Screen and Projector <input type="checkbox"/> DVD w/ CD Function <input type="checkbox"/> VCR <input type="checkbox"/> X-Ray Projection <input type="checkbox"/> Other: _____

DESCRIBE ANY INTERFACING/COMPATIBILITY REQUIREMENTS BETWEEN THE EQUIPMENT YOU WILL PROVIDE AND THE EQUIPMENT YOU ARE REQUESTING THE COURT PROVIDE:
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HOW MANY POWER HOOKUPS WILL BE REQUIRED FOR ALL EQUIPMENT:
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DESCRIBE ANY ADDITIONAL EQUIPMENT NOT ON THE LIST ABOVE. YOU MAY ATTACH ADDITIONAL PAGES FOR YOUR DESCRIPTION:
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REQUESTOR'S SIGNATURE: _____ DATE: _____

<u>INTERNAL USE ONLY</u>	
RECEIVED BY: _____	DATE: _____
SCHEDULED/ASSIGNED BY: _____	DATE: _____
TESTING DATE: _____	TIME: _____
LOCATION OF TESTING: _____	COMPLETED ON: _____
BY: _____	